

Yoga District Teacher Training Payment Plan Contract

Section 1. General information

Date:

Host Institution: Yoga District, LLC

Individual's Legal Name:

E-mail:

Street Address:

City, State, and Zip:

Phone:

Mobile:

Section 2. Terms of agreement

I, the undersigned, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to Yoga District, LLC. I understand the consequences that will be brought against me if the contract is violated. The penalties could include: account being turned over to collection agency and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that Yoga District, LLC may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

If enrolled in a Yoga District teacher training program, I agree to pay at least 50% of the total amount owed for the Yoga District teacher training program before the commencement of the Yoga District teacher training program I am enrolled in, I agree to pay at least an additional 25% of the total amount owed for the Yoga District teacher training program before the fifth week of the Yoga District teacher training program I am enrolled in, and I agree to pay the remaining amount owed for the Yoga District teacher training program before the ninth week of the Yoga District teacher training program I am enrolled in. The exact dates and payment amounts are as follows:

Total amount owed (beginning balance).....\$_____

Payment Date	Payment Amount
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with Yoga District, LLC, and I agree to remain current with this payment plan.

Section 3. Personal Information (including your spouse, if applicable)

Attach a copy of your valid state driver's license.

Your Social Security number

Your spouse's Social Security number

Your first name

Your middle name

Your last name

Spouse's first name

Spouse's middle name

Spouse's last name

Home address

Home City State ZIP

Your home phone number

Your employer

Your employer address

Your employer City State ZIP

Your work phone number

Spouse's Employer

Spouse's work phone number

Section 4: Financial institution and account information

Financial banking institution's name

Financial institution mailing address

Financial institution City State ZIP

Names on the account (list all names)

Routing number _____ Checking or Savings (circle one)

Account number _____

Section 5: Credit card account information

Attach a copy of your valid credit card.

Visa or Mastercard number

Visa or Mastercard expiration date

Visa or Mastercard security code

Your credit card billing address

Your credit card billing address City State ZIP

Names on the account (list all names)

Section 6: Signature authorization

Yoga District, LLC is authorized to use the information on this form to collect payment according to the payment plan agreed to above. This authorization shall remain in force until all payments agreed to are complete. I agree to pay the amount in Section 2, and I agree to the date(s) specified in the payment plan under Section 2. I understand that liens may be filed at Yoga District's discretion including, but not limited to, when the department determines there is a risk of non-payment. I will make all payments as scheduled. If I do not remit the scheduled payment, my payment installment plan may be canceled; the entire unpaid balance will become due immediately; and enforcement action may be taken, which could

include levy of my bank account or wages. Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Your name

Date